

Methadone Hospital Quick Start*

*Quick start is for people not already on methadone for OUD.
If a patient is already in a methadone maintenance program:

Opioid Use Disorder (OUD) & ready to start methadone treatment

YES

If no sedation
give 10-30mg methadone



Continued withdrawals/cravings?

YES

If no sedation
give 5-10mg methadone



Day 1:
Max dose
40mg

DAYS 2 AND 3

If no sedation
give total dose from
prior 24 hours



Continued withdrawals/cravings?

YES

If Ramsay ≤ 2
give 5-10mg methadone



Day 2:
Max 50mg
Day 3:
Max 60mg

After initial 72 hours: cont same dose for
5 days, can increase dose by 10mg q5days

DISCHARGE

- Methadone may not be prescribed for OUD. Must be administered in a methadone clinic
- Naloxone 4mg/0.1ml

- Confirm maintenance dose, give maintenance dose.
- If unable to confirm dose, give methadone 30-40mg and increase to full dose when dose is confirmed. OK to uptitrate per protocol until dose confirmed.
- If patient missed outpatient dosing, strongly recommended to discuss dosing changes with methadone clinic provider.
 - If patient missed dose and dose is confirmed by clinic but clinic provider cannot be reached:
 - If 1-2 days are missed, give patient's regular dose
 - If 3-4 days are missed, give half patient's regular dose
 - If ≥ 5 days are missed, treat as a new start.

Emergency Department

- May provide methadone up to 72 hours pending linkage. Confirm dose whenever possible.
- If unable to confirm dose, OK to provide methadone 30mg/day.
- Patients may need bridge dose if recent hospitalization, prison or jail discharge, or if they missed a dose at their methadone clinic.

Ramsay sedation score

Some hospitals may define no sedation as Ramsay ≤ 2

1. Anxious/restless
2. Cooperative/oriented/tranquil
3. Response to commands
4. Brisk response to stimulus
5. Sluggish response to stimulus
6. No response to stimulus

Complicating Factors

- Allergy to methadone
- Respiratory depression
- Ramsay sedation scale ≥ 3
- QTc ≥ 500
- Recent use of benzodiazepines, alcohol or other sedatives
- Severe liver disease
- Medically unstable
- If RR < 8 or sedated, do not give additional methadone

Initial Dosing

- Patients should be dosed according to tolerance. May use morphine equivalent calculator as a guide. Withdrawal severity is not well correlated with tolerance.
- Can use adjunctive medications for withdrawal symptoms.
- Order naloxone prn sedation/resp depression.

Pregnancy

Methadone is safe in pregnancy and in breastfeeding.

The CA Bridge Program disseminates resources developed by an interdisciplinary team based on published evidence and medical expertise. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources will not ensure successful patient treatments. Current best practices may change. Providers are responsible for assessing the care and needs of individual patients. Documents are periodically updated to reflect most recent evidence-based research.

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